

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-035695

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Register District No. 275 Primary Registration District No. 3053 Registrar's No. 181  
**FILED SEP 26 1962**VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rolla</b>		c. CITY OR TOWN <b>Rolla</b>	
Length of stay in 1b <b>2 weeks</b>		Inside Limits <b>Yes</b> <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Phelps County Memorial Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>308 Main Street</b>	
3. NAME OF DECEASED (Type or print) First <b>MARLIN</b> Middle <b>ALBERT</b> Last <b>WALKER</b>		4. DATE OF DEATH Month <b>September</b> Day <b>19</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1/25/05</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Asst. Yard Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lumber Company</b>	9. AGE (last birthday) <b>57</b>
11. BIRTHPLACE (City and state or country) <b>Paydown, Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>William A. Walker</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth S. Branson</b>	
14. NAME OF HUSBAND OR WIFE <b>Theta</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, go, or unknown) (If yes, give war or dates of service) <b>No</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Mrs. Theta Walker</b> Address <b>Rolla, Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Fracture of clavicle - 8 ribs</b> DUE TO (c) <b>due to accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hr</b> <b>2 wks.</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fell off scaffold - 2 stories</b>	
20c. TIME OF INJURY Hour <b>8:30</b> a.m. <b>Sept 6 '62</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Construction site</b>	20f. CITY, TOWN, OR LOCATION <b>Rolla</b>	COUNTY <b>Phelps</b>	STATE <b>MO</b>
21. I attended the deceased from <b>9-6-62</b> , to <b>9-19-62</b> and last saw him alive on <b>9-19-62</b> . Death occurred at <b>8:30 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>J. G. Shucker MD.</b> (Degree or title)	
22b. ADDRESS <b>Rolla Mo</b>		22c. DATE SIGNED <b>9-20-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Sept. 23, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ozark Mem. Gardens</b>	23d. LOCATION (City, town, or county) (State) <b>Rolla, Missouri</b>
24. FUNERAL DIRECTOR By <b>Null &amp; Son Funeral Home</b> Address <b>Rolla</b>	25. DATE RECD. BY LOCAL REG. <b>Sept. 21, 1962</b>	26. REGISTRAR'S SIGNATURE <b>Nadene L. Stoll</b>	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

SEP 27 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student-Embalmer

Signed

Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.